

confusion. During this time, the pupils were very much dilated, and he could see objects at a distance much better than those near by. His sight has continued to improve ever since; and at the present time, although quite imperfect, is sufficiently good to enable him to read and write, although with some difficulty. The pupils are still considerably dilated, and it is with great difficulty that he can discern objects by twilight. The direct rays of the sun upon the head, produce pain there, accompanied with a painful sensation, deep in the orbit of the eye, and a disordered vision. At the present time, exercise easily produces fatigue, by which his sight is much impaired.

"CASE IV.—In the month of April, 1846, Dr. R., of this place, took in doses of six grs. each, three drachms of quinine in 36 hours; at the expiration of which time, he became perfectly blind. His hearing was somewhat blunted, although it did not, in degree, equal the blindness. On the two succeeding days his sight, although very imperfect, was considerably restored. Had he lived, the probability is, that this imperfect sight would, as in the former cases, have continued a considerable length of time."

It is to be regretted that more precise details of these cases are not given; nevertheless, the author has probably referred the blindness to its true cause. In the previous part of this number, p. 293, will be found another case of a similar character. Rousseau also relates a case in which, after a dose of 48 grains of sulphate of quinine, the patient became temporarily blind and deaf.

*Speculations on the Cause of Yellow Fever.* By JOHN HARRISON, M. D., Prof. of Physiol. and Pathol. in Med. College of Louisiana. (*New Orleans Med. and Surg. Journ.*, March, 1847.)—In this very interesting paper the author gives the following concise summary of certain general facts in relation to the cause of yellow fever, which he believes to be undisputed, and several of which are of general notoriety.

"1. The yellow fever of Louisiana only makes its appearance where persons are collected in crowds, as in cities, watering places, etc. Persons who live in the country and confine themselves to it, though they be as unacclimated as any others, and as liable to the disease, are, nevertheless, perfectly safe from attack.

"2. The production of yellow fever in New Orleans cannot be attributed to marsh malaria, or to any kind of agents generated by swamps, marshes, pools, or standing water of any kind; since we know that unacclimated persons may reside in the midst of swamps, and enjoy perfect health, whilst the city is being ravaged by the pestilence. This is a truth known to most of the inhabitants of this city; and a striking example occurred within my own experience during the epidemic of 1837. The New Orleans and Nashville Railroad Company owned a number of unacclimated negroes who were at work on the line of road traversing the swamp from the city to the lake. On the breaking out of the epidemic, I directed the overseer to permit none of them to enter the city. In one instance the order was neglected: the slave was kept at work in the city for two or three days;—returned to the Metairie Ridge where the negroes were quartered, and was seized the same day with the fever. This was the only case that occurred among them.

"3. The opinion that the disease is owing to miasm, brought by the north wind which generally prevails during the epidemic season, is therefore erroneous, since persons living in those very swamps which the north wind traverses are exempt from attack, provided they keep away from the city. On the other hand, the south and southwest winds, which prevail at other seasons, traverse to reach New Orleans, swamps even greater than those passed over by the north wind.

"4. The disease has been attributed to miasm generated by a part of the bed of the Mississippi laid bare at low water; but it is well known that a healthier region than that called the *Coast* is rarely to be met with in any country. This tract of land lies immediately on both banks of the river; and it is well known that unacclimated persons who spend the summer there, enjoy perfect health. Moreover, most of the inhabitants are themselves unacclimated and are as liable to yellow fever as any other people when so imprudent as to visit the city during an epidemic.

"5. Persons who arrive in the city during an epidemic from the healthiest regions—even by the ocean, are subject to attack on the 6th, 5th, 4th, and even as

early as the third day after their arrival. Cases of attack on the third day after arrival were not uncommon during the epidemic of 1837. It is plain that those persons were subjected to the influence of some powerful local agent, which existed previous to their arrival.

"From these facts it is obvious that the yellow fever of New Orleans arises from causes peculiar to the city, and which are confined to it, or to it and its immediate neighbourhood."

The theory which Dr. H. maintains of the etiology of yellow fever, may be thus stated:—"From the accumulation of filth in large cities (chiefly night-soil and the animal matter of urine), putrefaction must necessarily take place, and from this putrefaction, *under certain meteorological conditions*, there is generated a poison, which, either in the form of a volatile oil, or other organic matter, held in solution by ammonia, floats in the atmosphere; is inhaled during the respiratory movements; is taken into the circulation and poisons the system. It produces specific effects, as much so as the matter of small-pox or scarlatina.

"The formation of this poison begins under certain meteorological conditions, which are utterly unknown to us, continues while they last, and ceases with them. As we have said before, the poison is not a gas, but a volatile substance, constituted of organic matter, as much so constituted, as the matter of small-pox or hydrophobia."

In his opinion "yellow fever does not depend on putrefaction alone, nor on meteorological influences alone, but on both conjoined; when this conjunction occurs, seething laboratories of poison are put in operation at different points of the city."

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*Foreign Bodies in the Organs and Tissues of the Body.* By W. B. HERRICK, M. D., Prof. of Anatomy in Rush Med. College. (*Ill. and Ind. Med. and Surg. Journ.*, June and July, 1846.)

CASE I.—In the fall of 1843, Dr. H. was called to see a farmer, of good constitution, who had been suffering, during the 24 hours previously, with the most excruciating pain in and around the knee joint, extending upwards to the hip, and downwards to the foot. Limb high-coloured, swollen, and very tender, pulse 100 and full. While labouring in the field about two months previous to this time, he had felt a slight pricking sensation in the integuments covering the joint. Upon examination, a slightly reddened point was discovered, but there being no other evidence of injury, and as exercise caused no inconvenience, he continued his labours up to the time of the inflammatory attack. Under the influence of antiphlogistic treatment, both general and local, the inflammatory action gradually subsided, and in about ten days all signs of disease had disappeared from the affected part.

About six months subsequent to this attack, he suffered as before, with symptoms similar in every respect to those above mentioned. The treatment, this time, though actively antiphlogistic, did not prevent the formation of an abscess in the cellular substance around the joint, which continued to discharge for two weeks, when it healed, leaving no bad effects, apparently, excepting a slightly contracted condition of the muscles of the limb.

In about a year after this the patient was brought upon his bed for the third time, with symptoms identical with the former. An abscess formed as before, which continued to discharge for two or three months, at the end of which time, his medical attendant, while passing a probe into the abscess, discovered a foreign substance imbedded in its walls, which, being withdrawn, proved to be the sharp point of a thorn, a half inch or more in length. After its removal, as may be supposed, the abscess healed kindly, and all traces of disease of the leg and knee rapidly disappeared.

CASE II.—A. H., a carpenter, about 25 years of age, of good constitution, and in robust health at the time, was suddenly attacked with cough, profuse expectoration, and difficult respiration, with slight febrile excitement. For two years after this attack, these symptoms became more and more alarming, his sufferings were almost insupportable; and at the end of that time, these apparently characteristic symptoms, his emaciated condition and depressed physical powers, impressed the conviction upon himself and medical advisers, that he was about to fall a victim to consumption.